

VERMONT AGENCY OF HUMAN SERVICES  
DEPARTMENT OF HEALTH

CERTIFICATE OF APPROVAL APPLICATION/ PROPOSAL FOR  
VSH FUTURES CRISIS STABILIZATION/ INPATIENT DIVERSION BEDS

COVER PAGE

Applicant: Clara Martin Center

Project Title: CMC Community Crisis Care

Principal Contact: Jeff Rothenberg

Address: 24 South Main Street Randolph  
(street) (town/city)

VT 05060 802-728-6000  
(state) (zip code) (telephone number)

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**PROJECT TYPE & AMOUNT**

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- ☐ Capital expenditure exceeding \$1,500,000 for construction, development, purchase or long-term lease of property or existing structure
- ☐ Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding \$1,000,000
- ☐ The offering of a health care service having a projected annual operating expense that exceeds \$500,000 for either of the next two budgeted fiscal years if the service was not offered by the health care facility within the previous three fiscal years.

A. Proposed Capital Expenditure (Total Table 1) \$ \_\_\_\_\_

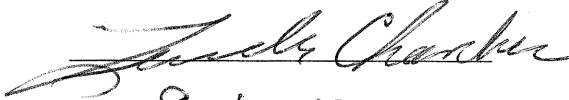
B. Proposed Lease Amount (payment times term) \$2300 per month for five years

I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: Linda Chambers, Executive Director, Clara Martin Center  
(Name & Title)

SIGNATURE:

DATE:

  
9-6-07.

Clara Martin Center  
Community Crisis Care proposal 8/07

## Proposal Narrative

### **I. Abstract**

In response to the *Vermont State Hospital Futures Project Adult Mental Health Crisis Stabilization/Inpatient Diversion Bed Capacity* request for proposals, Clara Martin Center proposes to implement a two-bed crisis stabilization program in Orange County.

As one of the state designated community mental health providers, the Clara Martin Center views this funding as an opportunity for supporting the development of a comprehensive statewide system of mental health care for Vermonters. Committed to the Futures Plan, the Clara Martin Center continues to advocate for the needs of Orange County, accessing all available resources for the residents, and facilitating the maximum efficiency of community public health services.

Not currently available within Orange County, and sometimes not readily available elsewhere, crisis beds have been a demonstrated need in Clara Martin Center communities for several years. This gap in resources has presented a significant challenge to a crisis recovery process that maximizes an individual's ability to return to his/her own home as soon as possible without longer-term institutional intervention.

The proposed crisis bed program will be completely voluntary and will function as part of the larger care management system, accepting adult individuals (18 and older), not just the CRT population. As an alternative to hospitalization and for individuals who need a step-down from an in-patient stay, the program will seek to reduce the acute care length of stay and the number of hospital admissions.

Leasing space within an existing apartment complex in Bradford, Vermont, and working with Little Rivers Health Care, the local community health center, the Clara Martin Center will offer an extension of existing medical oversight, psychiatric, and other therapeutic mental health and substance abuse resources into the new setting. Recovery oriented and with a home-like environment, the newest evidenced based practices in Dual Diagnosis, WRAP, Trauma, DBT, and Psychopharmacology will be offered.

### **II. Proposal Overview and Program Description**

Focused on assisting clients in crisis to a safe return to previous or improved levels of functioning, the Community Crisis Care program will be consistent with the state goals of a consumer-directed, trauma-informed, and recovery-oriented mental health system for Vermont residents in need of short-term, non-hospital levels of care. The conceptual framework as defined by Futures work will direct the desired outcomes of the program.

As a part of the statewide system of care, Community Crisis Care will contribute to the goal of reducing the in-patient costs for mental health care by reducing costly admissions and by reducing overall length of stay at the in-patient settings. Community-based care is considered to be a less costly delivery of services while also maintaining a quality of care that meets stated outcomes in consumer satisfaction, the state's HRAP plan, and the local system of care goals.

## **- Admission Criteria and Care Management**

Clara Martin Center's Community Crisis Care will be an adult emergency services program, accepting men and women (age 18 and older) who are in psychiatric crisis. All direct admissions from the community will be due to risk of harm to self or others, medication stabilization, emergent need for 24-hour supervision, or other individual needs. The client may be generally at a clinical level for hospitalization but are deemed as having potential for progressing better in a home-oriented and less restrictive environment. The second way individuals will access the Crisis Care Program will be as a "step-down" admission from an acute care facility if the person is medically stable and no longer needs an in-patient setting but is not mentally/emotionally stabilized enough to return home.

Primarily accepting residents of the CMC geographic catchment area in order to provide services closest to the individual's home, the Community Crisis Care Program will also accept clients from other Vermont locations as part of the state-wide care management system of the Futures Plan. The program is voluntary and provides a safe, supported, medically monitored environment for stabilization from acute psychiatric symptoms.

As is the policy for CMC's existing emergency services, individuals being referred from the community will be screened in person to assess the needed level of care. For individuals being referred from an Acute Care setting a phone interview with both the referral source and the referred individual will be conducted. The program has a commitment to implementing common assessment measures. For example, the Level of Care Utilization System (LOCUS) assists in developing a common understanding of acuity and level of care needs for consumers and how the current system of care can meet those needs. If the client meets the criteria as a potential admission for admission to the CMC Community Crisis Care program, the client and care provider will be provided with an overview of the program in order to make the decision. Options will be offered to the prospective client, identifying the differences between varied community service settings and models of care.

Since the service will be new for Bradford and will be completely voluntary, an outreach plan will be implemented upon award of funding to increase local awareness of the new bed availability and the program. Prospective clients will be informed and encouraged to use the service prior to an occurrence of crisis and need. Accomplishing this will mean reaching out to the existing CMC clients in the CRT and the outpatient programs as well as distributing information to all other providers. Recognizing that clients in crisis may present in varied locations throughout the community, potential referring agencies will be provided with guidance in providing prospective clients a descriptive referral for CMC Community Crisis Care services. Written information as well as electronic notification will occur to local emergency teams, Gifford Hospital emergency department, all Orange County police departments, NAMI, VPS, all Vermont Designated Hospitals, Dartmouth Hitchcock, VSH and the nine other state designated agencies.

It is expected that key factors of appeal from the client's perspective will be the availability of care within their own community, round-the-clock safety, and individualized care plans that facilitate recovery at a customized pace. A "home-like" atmosphere that closely accommodates the customary activities of daily living of each resident is key to minimizing transition barriers, so activities such as smoking (outside of the building) will be allowed, along with obvious parameters that respect the safety of self and others.

Minimizing the geographic distance for a bed is also a key to faster return to health. Currently the closest operating crisis beds that are available to Bradford area residents are over

an hour away which limits the access to natural community supports during this recovery time. The Community Crisis Care program will ascribe to maximizing client success within the community, thereby utilizing the client's pre-crisis supports along with therapeutic crisis interventions.

We have learned from the Home Intervention program that other factors of appeal include unlocked doors, the absence of being put through nicotine withdrawal while in crisis, and an adequate phone and visiting availability. In addition to the ability to stay involved with their community lives, individual programming in which the resident is the major planner has been seen as a major positive as compared to mandated, structured, hospital programs that are planned by the staff. CMC Community Care program will offer intense staff support (2 on 1), and the opportunity for cooking, sleeping, and learning new skills for stress management, all of which have been cited as being cherished by clients of other crisis facilities. A peaceful environment will be maintained for facilitating quicker crisis stabilization by providing for a small number of clients, an individual level of privacy, in a quiet residential neighborhood. The individual will engage in his/her own recovery, have opportunity for peer support, and will maintain his/her existing service provider.

As part of the larger care management and system of care, Community Crisis Care will be bringing beds to Bradford which continues the growth of capacity statewide and strengthens the community support system that is necessary for reducing the dependence and cost of institutional care. The Clara Martin Center shares the fundamental goal of supporting recovery for Vermonters with mental illness in the least restrictive and most integrated settings. The Care Management Workgroup of the Vermont Futures Plan is currently working on outreach information, admission and discharge criteria, and defining levels of care. CMC has actively participated in the Care Management System for Vermont since its inception and is committed to continued participation in these efforts. Common clinical protocols, the ability to convey common information, utilization management, quality assurance and improvement activities, and system problem-solving are all components within which Clara Martin Center will fully participate and implement with the new crisis beds as these expected outcomes of Futures are realized.

Consistently defined levels of care throughout the state, along with coordinated implementation, make sense for an overarching system of care to be effective. Being only a two-bed unit, CMC Community Crisis Care may find a need to prioritize competing admissions. Orange County residents will be given first opportunity in order to achieve the desired service capacity goals. This priority includes any VSH admissions from Orange County who may be ready for "step-down" to the crisis bed prior to full return to the community, facilitating movement from involuntary settings.

The maintenance of a safe environment is the most important factor involving care for any person who is at risk of harm to self or others. Thus, it becomes the most important factor considered when making admission and discharge decisions, as well as what activities are most appropriate for the level of risk. The next factor considered is how the intervention can be structured to encourage the most rapid and complete recovery to a pre-crisis level of functioning without losing respect for individualized process and time for crisis resolution.

In keeping with the above, Community Crisis Care will also ascribe to the discharge being driven by the client. Demonstration of success and readiness, along with a sense of confidence by both clinician and client will dictate his/her disposition. Discharges will be made on a team basis with consultation from direct care staff, nursing and psychiatric staff, and the

case manager or therapist of record. There will need to be assurance that the receiving community supports and providers are in place, either existing or newly created, for an individual to return to his/her community setting. The program will continue to evolve and be refined as staff will work with the statewide Care Management Workgroup on incorporating new recommendations as developed.

The Clara Martin Center continuously works toward the development of the local system of care, with the most recent improvements being the move of the CRT program to a completely renovated facility in Randolph that includes a 1 bedroom emergency apartment. The addition of a medical case manager to the CRT staffing allocation is another recent evolution, striving for greater promotion of physical health and wellness. The award of funding for crisis stabilization beds will allow for another major element in this developing system of care, bringing a more comprehensive menu of services to Orange County.

### **- Clinical Program**

Once admitted and oriented to the program, residents will receive support from staff according to level of need and risk presented. Safety and best practice principles will be a priority, with psychiatric services always available. Community Crisis Care will be a highly individualized treatment program. Individual plans of care, utilizing WRAP (Wellness Recovery Action Planning as developed by Maryellen Copeland), will be initiated at admission to address the particular needs of each resident. The resident will be expected to take any prescribed medication, cooperate with assigned levels of care, and to meet daily with the attending psychiatrist. The prevailing philosophy includes, however, the flexibility to remove any barriers to client success which may entail negotiation of defined structures.

Treatment plans are customized, and focus on that client's strengths and problems encountered while s/he is in the community. Medication adjustment, housing, medical problems, individual therapy with a regular therapist in the community, attendance at community support groups addressing anger management, substance abuse, or skills training in Dialectical Behavior Therapy (DBT) could all be typical inclusions of treatment, along with an examination of any difficulties within the home setting and/or relationships in the community.

The emphasis on the consumer as a central figure in the treatment planning process means that the needs of the individual, and not those of the facility, will result in the delivery of services as much as possible within the community. Instead of bringing a wealth of services "in-house" at the facility, the natural supports and existing groups, counseling sessions, and therapeutic activities of the client will be maintained with the support of the crisis staff. Thus, while the consumer receives nearly inpatient level services with the 24/7 supervision, the integration within the community will be maintained to the extent that is conducive to recovery. This model sometimes encourages persons who have declined treatment in the past since the resident feels some sense of control over the intervention/treatment s/he receives.

As many residents will most likely be active clients of CMC, whatever treatment they are already involved in with the agency will also continue. If the resident is already connected with non-CMC providers, consent forms will be signed in order to facilitate the continuity of care throughout the stay and the transition back home. Those who are admitted in crisis without any prior connections to agencies or providers in the community will have case management enacted to facilitate referrals and a community plan.

Residents will be expected to self-manage needs such as hygiene and may bring their own food and other personal items. Upon initial stabilization, most residents will begin to make visits back to their home to re-establish themselves in steps. Some participants may also have pets, which might require regular home visits with a staff member to care for and feed the animal.

Essential to all community mental health care, staff will have knowledge and expertise on Integrated Dual Disorder Treatment and recognizing the effects of trauma. Staff will also be trained on Dialectical Behavioral Therapy as well as protocols for detoxification. Utilizing a team approach, psychiatry will be available for medication adjustments as needed. Discharge planning is truly initiated at the time of admission since the program is focused on acute stabilization through an individualized treatment model that supports client self-sufficiency, incorporating natural supports and a recovery perspective that includes respect and attention to the person as a whole. This “admission” is viewed more as a safe place to progress through a crisis rather than a placement or an interruption.

Community Crisis Care will have psychiatric coverage Monday through Friday for on-site assessment and review, and access to an on-call psychiatrist 24 hours a day 7 days a week. Current Clara Martin Center medical staff will provide training of staff in medication administration. Staff will work with an individual’s primary care physician to make sure individuals medical needs are looked after, and Little Rivers Health Care a Federally Qualified Health Care (FQHC) provider has verbally agreed to be the health care provider for individuals who have no primary care physician. If awarded this grant, the Clara Martin Center and Little Rivers Health Care will enter into a formal agreement.

Peer services and support, on and off-site, will be offered in collaboration with Vermont Psychiatric Survivors. The program will have on-site peer supports available up to 7 hours a week. Clara Martin Center already enjoys a collaborative relationship with VPS at Safe Haven, a shelter in Randolph Vermont that offers housing for homeless adults with mental health challenges. Recently the Clara Martin Center was awarded a grant by the Department of Mental Health that will provide a mechanism to substantially increase the amount of peer services provided in Orange County. VPS has verbally agreed to provide the coordination and oversight of peer supports for the residents of the crisis program. A memorandum of understanding will be signed if this grant application is funded.

Recovery Specialists will need to have well-rounded skills, providing direct emotional support and assistance to clients, comfort with distributing medications, process intake and discharge paperwork, assess suicide/homicide ideation levels, take vital signs and apply basic first-aid, follow standard protocols for detoxification, and work with clients to generate a collaborative, individualized treatment plan. Recovery Specialists will also facilitate meal preparation with clients if needed, as well as other tasks of daily life such as shoveling snow, cleaning toilets, grocery shopping and other tasks that need to be done. Client involvement will be encouraged in these activities as this is seen to be important in assessing client readiness to maintain / relearn / improve needed skills for independent living upon return home. With doctor agreement, clients may also go on unescorted passes to attend school, make a trial visit home, or other activities as included in the treatment plan.

These individualized events will take place within the context of a daily schedule of activities and defined therapeutic treatment times in order to provide a level of structure and guidance that is conducive to reducing chaos and stress typically experienced by a person in crisis.

## - Staffing Patterns

Assuring adequate staffing will require recruitment of qualified mental health workers to begin as soon as the grant is awarded. Consumers and family members will be actively encouraged to apply for all positions. Based on Clara Martin experience, the recruitment of psychiatrists and round-the-clock staff is expected to be the most difficult. However, working collaboratively with West Central Services for psychiatric coverage has been successful in other hiring endeavors.

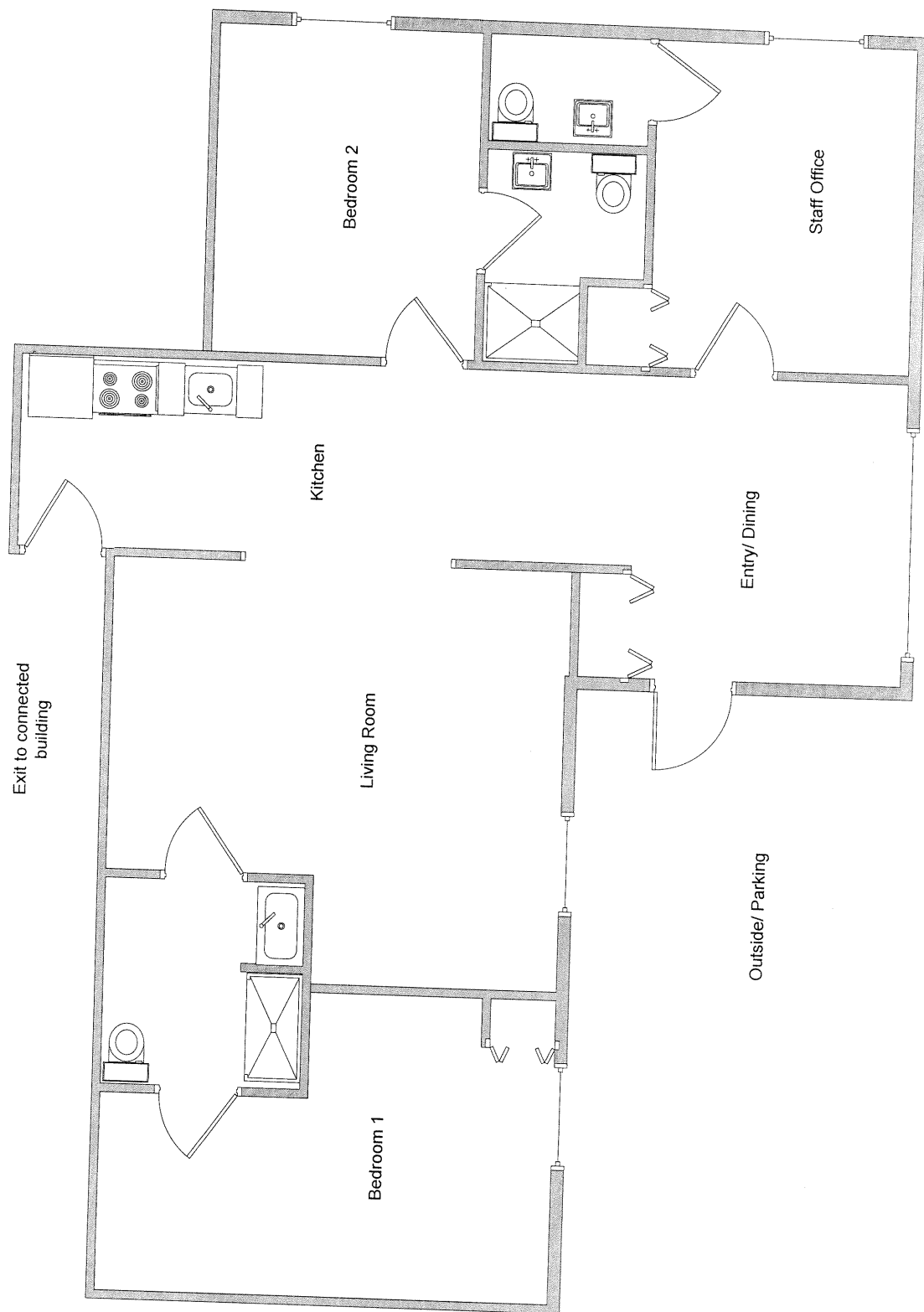
The staffing pattern calls for one full time Director to oversee all operations of the Crisis Program. To guarantee around the clock staffing 4.45 FTE's will be hired as Recovery Specialists A CMC psychiatrist will see every client individually each weekday, after daily rounds with staff and the Director of the Program. The Clara Martin Center will contract with Vermont Psychiatric Survivors to provide 7 hours a week of peer services to the program.

<b>Community Crisis Care Human Resource Requirements</b>				
<b>STAFF</b>	<b>HOURS</b>	<b>Total FTE</b>	<b>HIRE/CONTRACT</b>	<b>RECRUITMENT TIME</b>
Emergency Workers (screening and intake)	24/7	4.5	leverage with existing emergency system	none
Recovery Specialists	24/7	4.5	New hires, possibly a mix of full and part-time, but priority on full-time hires	3 months
Psychiatrists On-site: Consultation:	M-F 24/7	.13	New Hire	2 months
Peer Services	7 hours a week	.18	Contract w/ VPS	2 months
Director	M-F 9-5	1.0	New Hire	2 Months

## III. Proposed Location

Located in Bradford, Vermont, the Community Crisis Care program is being proposed to promote geographic access to Orange County which is in the corridor between White River Junction and Canada along I-91. Although action to implement the proposal can occur immediately upon award of funding by signing the lease, there is a minimum of a three month start-up time expected due to staff recruitment and permitting process. Negotiations to date are for a 5 year lease, initiated upon award of funding.

The proposed crisis beds are part of a larger housing project in Bradford, Vermont, located approximately ½ mile north of town. The building is owned by George Huntington, who has rented to many CSP consumers in the past, and has recently completely renovated the



existing building. No renovations will need to be done to the building, and the owner will be responsible for obtaining all permits needed for the project.

#### **IV. System Need, Local Support, Strategic Planning and Outcomes**

The CMC Adult Standing Committee has advocated for crisis beds in Orange County for the past five years. As noted in minutes of the committee as far back as 1999, the group has identified the development of crisis beds within Orange County as a priority of need. The committee meets eight times per year, bringing together consumers and family members with the behavioral health professionals to discuss program needs, review complaints and grievances, the hiring of new staff, and program development and policy guidance. Additional consumer guidance is also currently received from NAMI and Vermont Psychiatric Survivors which is expected to continue with the development of this new project as well.

Crisis bed development has been a part of the Adult Services Strategic plan and hence part of the overall agency operating plan for the last two years, resulting in partnership exploration, discussions at the local and state level, and involvement of Clara Martin Center leadership staff in the Futures work. Lack of funding has been the greatest impediment to moving forward as there are significant costs in operating a 24/7 program of this type.

The Request for Proposals along with an update on the Futures project was brought to the Clara Martin Center Board of Trustees at the January 25<sup>th</sup> monthly meeting after the first release of funding for crisis bed development. The Board has recognized the crisis bed need at prior strategic planning sessions and concurred with the Executive Director's decision to put forth interest and commitment from Clara Martin Center to develop this option for Orange County. The crisis bed need is addressed in the System of Care Plans and the Local Standing Committee has also put forth the crisis bed recommendation.

Jeff Rothenberg, Adult Services Director, has been an active participant on the VSH Futures Advisory Committee since its inception and served as the chair of the crisis bed workgroup, writing the initial draft of the referenced report. The agency is also in partnership with Howard Center for Human Services and Washington County Mental Health in the 2<sup>nd</sup> Spring Residential Recovery Residence which is another component of the state's effort to transform the mental health system.

In keeping with the VSH Futures Project *Crisis Bed Development Work Group Report*, the Clara Martin Center concurs that the addition of crisis beds is consistent with HRAP standards:

1. Short term psychiatric care (not necessarily in a dedicated unit) and psychiatric emergency care should be available to most Vermonters within the geographic areas served by the designated agency system.
2. Psychiatric services in dedicated units should be available to most Vermonters within the hospital service areas for the regional and tertiary hospitals.

As noted in the plan, "given the intense need for services during the first hours of a psychiatric emergency and the reduction in inpatient admissions that could occur as a result of a well-coordinated emergency service system", Community Crisis Care seeks to increase the immediate access to resources for crisis/triage/diversion beds for mental health and substance abuse needs of the Orange County population.

Attachment 1 presents the Clara Martin Center's overall strategic plan for the organization. Three key outcomes provide the focus for all of CMC's activities:

1. Efficient Utilization of Mental Health Services and related resources
2. Quality Behavioral Health Care
3. Community Culture of Knowledge and Support

Adding the delivery of crisis stabilization beds to the menu of Adult Service activities will serve as yet another piece contributing to all three of these outcomes. The Community Crisis Care program will be specifically addressing the outcomes of 1/ reduced inpatient psychiatric admissions to inpatient facilities and 2/ reduced number of inpatient days at VSH and general hospitals.

These targets were defined as a result of emergency service utilization rates of the population in Orange County recent years. Population served is expected to be a combination of Orange County residents and neighboring counties that are without crisis bed resources. Clara Martin Center currently provides the emergency service response for Orange County, hence the Community Crisis Care program will be immediately integrated into the referral options for every client in need. The largest group of consumers in need are already receiving services within the Community Support Program (CRT population). Clara Martin Center is currently providing services to 169 individuals who have a known history of needing crisis stabilization. In fiscal year 2006 this group experienced 75 general hospital psychiatric admissions with an average length of stay at 10.3 days for 775 days, at a cost of \$772,396, or \$932 per day.<sup>1</sup> Additionally, the one, non-staffed emergency respite bed available to this population has seen an average utilization rate of 59% over the past couple of years.<sup>2</sup>

During the first six months of FY '07, continuation of this rate of admissions has continued with 36 general hospital psychiatric admissions with an average length of stay of 10.88 days. In addition, there have been 20 non CSP adult psychiatric admissions for whom the Clara Martin Center emergency team arranged for admission over that same time frame. Clara Martin Center emergency workers, therefore, in total, facilitated the admission of 56 adult individuals from Orange County to beds throughout the state, during the first 6 months of FY '07. Orange County also saw 7 VSH admissions this past year with a total of 590 bed days.

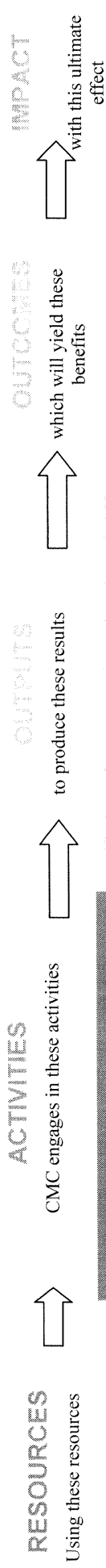
The most significant gap in the current resource base is the lack of crisis stabilization beds in Orange County, compounded by the lack of bed availability at both Home Intervention and Alternatives, the closest current community crisis beds in the area. Community Crisis Care will be available to both known CRT clients and all other adults in need of the service. In review of the past admissions, approximately half of the 56 hospital admissions could have benefited from a crisis stabilization bed had one been available in the county or if the existing sites in other counties had been able to admit them. Hospital bed days are also projected to be cut in half with a combination of the diverted admissions and use of Community Crisis Care as a step-down for those individuals who did require a hospitalization. It is not anticipated that the VSH admission rate will be impacted, but the bed days at VSH are expected to be shortened by step-down use.

Community Crisis Care will maintain 24/7 capacity for any adult in need of mental health crisis support, and anticipates the most significant reduction to occur with the bed days of the

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<sup>1</sup> June 2006 CRT Inpatient Report by Patti Barlow, Acute Care Director for Division of Mental Health

<sup>2</sup> MSR reporting



## HUMAN:

10 person Board of Trustees  
1 Executive Director  
5 Administrators  
3 Development Directors  
7 Team Leaders  
130 employees

## ORGANIZATIONAL:

**Committees/teams:**  
Chief Operating Team  
Executive Committee  
Department Teams  
Ad Hoc Work Groups

**Standing Committees:**  
Records, staff advisory, health & safety, facilities, community & consumer relations, compliance

## Facilities:

3 in Randolph  
1 in Wilder  
1 in Bradford  
1 in Chelsea  
1 in East Randolph

## FINANCIAL:

State Contracts (Medicaid, Medicare)  
1<sup>st</sup> and 3<sup>rd</sup> party payors  
Donations  
Grants  
Town and local charitable support

## COMMUNITY

### PARTNERS:

State of VT, Chelsea Community Board,  
Supervisory Unions, BHN, CVSAS, West Central Services, Dartmouth, Town of Randolph, Orange County Parent Child Center, VT Psychiatric Survivors, Vocational Rehab, Washington County Mental Health, Howard Center

## COMPREHENSIVE MENTAL HEALTH CARE

### Initiation of Care/Services:

Access/screening/intake  
Walk-in clinic

### Individual/Family Support Activities:

Treatment Planning  
Clinic-based counseling  
Substance Abuse programming  
Family/guardian Support and Education  
Community Rehabilitation and Treatment  
Emergency Services  
Psychiatric/Medical Services  
Case Management

### Community Integration Activities:

School-based Counseling & Consultation  
Alternative School Programming  
Intensive day programming  
Vocational Development  
Residential programming  
Corrections-based counseling and consultation  
Community Crisis Intervention

## MENTAL HEALTH SYSTEM SUPPORT

### Advocacy/Leadership

Committee Participation for public policy  
Clinical Leadership, Development, Mgt.

### Community Education

Education programs, events, outreach

### System Development

Partnerships; multi-disciplinary work; state and local teams; co-locations

## BUSINESS DEVELOPMENT:

Quality Improvement  
Corporate Compliance  
Technology Support  
Facilities Development  
Org. Structure & Operational Mgt  
Professional Development and Training  
Public Relations and Marketing

## Accessible Services

### Relative to:

Environment, location, financial capacity, type of service structure (Center-based, Home-based, School-based, Residential, Community), hours of availability, timeliness to care, and populations served (families, adolescents, community, adults, children)

## Comprehensive Care Options

### By provision of:

A range of client-focused therapeutic interventions, psychopharmacology, self-help and support, rehabilitation services, case management, prevention/education, restorative justice principles, co-occurring treatment models, individual, and family options, gender and diagnosis specific treatment

## Integrated physical and mental health care delivery systems

### Through:

Interagency collaboration, partnerships with physical care providers, co-locations, holistic treatment, team approach

## Sustainable Agency and Community Resources

### As evidenced by:

Service delivery efficiency, regulatory compliance, demand and opportunity for utilization, funding availability, responsiveness to change, staff productivity, fiscal health, community awareness, risk management, health and safety

## Leadership in Mental Health Delivery System

### By maintaining:

Skilled and experienced professionals, use of evidence-based practice, participation in research, participation on statewide efforts/teams for public policy

## Efficient Utilization of Mental Health Services and related resources

### Key Indicators:

- Utilization rates (internal and external)  
- Geographic areas served  
- Financial performance reports  
- Staff satisfaction

## Quality Behavioral Health Care

### Key Indicators:

- Safety Reports  
- Consumer Satisfaction  
- Client Outcomes  
- Accreditation  
- CQI projects

## Community Culture of Knowledge and Support

### Key Indicators:

- Collaborative partnership results  
- Financial Support Received  
- External consults provided  
- Community Satisfaction

**Optimized Wellness & Functioning of individuals, families, communities**

Clara Martin Center

## Strategic Plan

Clara Martin Center CRT population. For general hospitals, the plan seeks to reduce admission by 50% for CSP consumers along with a 50% drop in bed days. VSH bed days for Orange County residents are projected at a 30% reduction.

The table below provides an outline of a review of recent data on adult hospitalizations and public inebriates for the Clara Martin Center and its two neighboring Designated Agencies along the Connecticut River Valley (HCRS and NKHS). The resulting total shows a potential for 80 admissions and 723 bed days at Community Crisis Care which otherwise would have been spent in hospitals or jail. This is in addition to individuals who would undoubtedly benefit from crisis stabilization from these areas, but for whom the data was unavailable. Those individuals include non-CRT adults from HCRS catchment and individuals from HCRS and who are at VSH, for both these groups, Community Crisis Care anticipates it could admit and reduce hospital bed day use.

Data presented has been taken from the crisis bed workgroup report, DMH hospital reports specific to the Clara Martin Center, and end of FY 06 DMH report on statewide CRT consumer's general hospital rates and cost. Primarily using existing, and some individual client retrospective review, the following "guestimates" resulted:

<b>FY 06</b>	<b>Gen. hospital admissions / bed days (annual)</b>	<b>Incap / Jail Admissions (annual)</b>	<b>Existing crisis bed admissions / bed days (annual)</b>	<b>VSH admissions / bed days (annual)</b>	<b>Community Crisis Care admissions / bed days (annual)</b>
Orange County <b>CRT current</b>	75 / 775	n/a	8 / 28	5 / 575	n/a
With Crisis Care in operation:	37 / 387	n/a	0 / 0	5 / 425	44 / 537 (37 direct + 5 step-down gen hosp + 2 step-down VSH)
Orange County <b>other adult current</b>	40 / dnk	n/a	dnk	2 / 15	n/a
With Crisis Care in operation:	10 / dnk	n/a	0 / 0	2 / 15	10 / 100
Orange County <b>public inebriate current</b>	n/a	12/12	n/a	n/a	n/a
With Crisis Care in operation:	n/a	6/6	n/a	n/a	6/6
Neighbor Counties <b>CRT current</b>	125 / 1466 (HCRS)	n/a	dnk	dnk	n/a
With Crisis Care in operation:	115/1426	n/a	dnk	dnk	hcrs: 10 / 40
Neighbor Counties <b>Non-CRT current</b>	dnk	n/a	dnk	dnk	dnk
With Crisis Care in operation:	dnk	n/a	dnk	dnk	dnk
n/a = not applicable dnk = data not known by CMC at time of proposal submission				<b>Community Crisis Care Total:</b>	<b>70/683</b>

While Orange County is predominately rural and has a strong CSP Program, there were 13 emergency contacts a week, a third of which are for suicidal ideation or gestures, severe depression or severe decompensation. We will work with the Department of Mental Health to add Community Crisis Care to the list of available resources it reports to the system daily, and if full, the client in need will be referred to other programs or put on a waiting list, whichever is more clinically appropriate. If, as an outcome of referral, an Orange County resident ends up elsewhere in the system, notification to the receiving site will be made when a bed is available and the benefit for continuity of care balanced by the individuals benefit of being closer to home will be discussed.

Both process and outcome measurements will be maintained. Key indicators will be identified and benchmarks established in comparison to current statewide baseline figures. Admission activities will be tracked, identifying the sources of referrals, the placement of all Orange County individuals making contact for crisis stabilization, the type of care needed, source of population served, and the demographics of the consumers utilizing the new service. Outcomes of client satisfaction and longer-term disposition of the residents will also be followed. Ultimate impact on the Orange County and the state in terms of rates of hospitalizations and patient days will also be reviewed both by Clara Martin Center specific to Orange County and by the care management system for the state.

## **V. Organizational Structure**

The Clara Martin Center is one of Vermont's state designated community mental health agencies providing adult, adolescent, and children's services. Mental health and substance abuse prevention and treatment programs are integrated within the community through three primary office locations and multiple school-based and home-based access points.

Community Crisis Care will be an add-on program to the existing Adult Services Department of the Clara Martin Center, under the direction of Jeff Rothenberg who serves as the Adult Services Director. As a designated agency directed to serve the local community, Clara Martin Center strives to provide a menu of options, access points, and levels of care in order to best facilitate the mental health of the community it serves. The additional staff required to implement the new program will be integrated with the existing multi-disciplinary teams of the agency.

Collaborative partners in this service will include Vermont Psychiatric Survivors who will assume coordination of peer support services for residents and Little Rivers Health Care who will provide medical care for individuals who do not have a primary care physician.

## **VI. Projected Costs and Financial Feasibility**

Community Crisis Care is designed as a voluntary, hospital diversion option for individuals age 18 and older experiencing psychiatric and/or substance use crisis. It is considered short-stay (average length of stay anticipated to be 7-10 days), user-friendly,

and intensely staffed, but approximately 41% less costly than hospital admission (using \$932 per hospital day).

The proposed model additionally holds potential to be an excellent resource for public inebriates, meeting an additional need for our community that provides a more successful engagement opportunity than individuals currently receive while spending the night in Corrections. Considerable time for law enforcement could be saved in both the transport and housing of those in need. At this time, it is not clear how the funding and care requirements will be directed and addressed. The Clara Martin Center would like to meet this need if resources were appropriate and made available for the acute stabilization of substance users.

Bradford has been the focus of development for this project due to the lack of resources available for consumers along the I-91 corridor, and its lack of proximity to Central Vermont Hospital. Assessment of options began with the release of the first round of funding early this year. Since that time, the target number of beds has been reduced from 4 to 2 due to the development of crisis beds in St. Johnsbury by Northeast Kingdom Mental Health. The demand for all CMC services in Bradford has continued to grow, hence prompting analysis of facilities in general, creating the opportunity for service enhancements such as the addition of crisis beds to be integrated within the overall CMC facility development plan. Resource limitations of staff time and agency capital have directed the focus to lease arrangements versus building purchase or large capital improvement of existing buildings. The current proposal is much less costly in terms of operating costs than the original Clara Martin Center response to the first RFP for crisis beds which had a high renovation cost, and much higher on-going rent.

Leveraging current publicly funded resources will occur with this project as with all others. Current administrative leadership will provide oversight of the new program and other business functions such as billing, records, policy and procedure development, human resources, etc will be utilized. Clara Martin Center already provides the emergency coverage for Orange County, so there is already an existing access point for the beds. The emergency workers will respond to the need, conduct the screening, and instead of referring to others for placement, will be able to place the consumer in a crisis bed near home. Face to face intake would also be provided by the emergency team which leverages a partially publicly funded service already in place. As referenced in prior sections, all related community resources are being reviewed for collaboration on the project. Clara Martin Center will work in partnership with the existing 22 crisis beds as well as all designated hospitals in implementation of Crisis Care. Being a program modeled after Home Intervention in Berlin, program leaders there have helped with program development and have offered their expertise after award of funding as well. Communication systems will particularly be developed with CMC's designated hospital, Central Vermont Hospital, Dartmouth Hitchcock Medical Center which serves many of the Connecticut River Valley residents and neighbors, Home Intervention in Berlin and Second Spring Recovery Residence in Williamstown, VSH, Alternatives, and also the Veteran's Hospital in White River Junction. Valley Vista, a privately owned and operated substance abuse treatment provider, is a potential partner for sharing staff. The Little Rivers Health Center a FQHC, has verbally agreed to provide primary care medical care

to those individuals who do not have a primary care physician. Vermont Psychiatric Survivors has already joined hands with Clara Martin Center in the provision of peer supported shelter services for the homeless, and verbally agreed to provide peer services within the Crisis Care program as well.

REVENUE	FY '08	FY '09	FY'10
DMH GRANT	\$ 300,000	\$ 313,500	\$ 327,608
OTHER REVENUE (IDENTIFY):			
SOURCE 1 ____ VHAP _____			
OADAP _____			
SOURCE 3 _____			
<b><u>Total Revenue:</u></b>	<b><u>\$ 300,000</u></b>	<b><u>\$ 313,500</u></b>	<b><u>\$ 327,608</u></b>

#### EXPENSES

STAFF	HRS/WK	ANNUAL COST		
Recovery Specialists 4.45	38	\$ 111,250	\$ 114,588	\$ 118,025
Director	40	\$ 40,000	\$ 41,200	\$ 42,436
<b><u>Subtotal of Staff</u></b>		<b><u>\$ 151,250</u></b>	<b><u>\$ 155,788</u></b>	<b><u>\$ 160,461</u></b>
Fringe : 32%		\$ 48,400	\$ 50,631	\$ 52,952
<b><u>Contract (Dr.)</u></b>		<b><u>\$ 28,600</u></b>	<b><u>\$ 29,458</u></b>	<b><u>\$ 30,342</u></b>
Peer Services		\$ 3,640	\$ 3,749	\$ 3,862
<b><u>Total Staffing</u></b>		<b><u>\$ 231,890</u></b>	<b><u>\$ 239,626</u></b>	<b><u>\$ 247,617</u></b>

<b>OPERATING EXPENSES</b>	<b>Per Mth</b>			
<b>BUILDING</b>				
Rent	\$2,300.00	\$ 27,600	\$ 28,428	\$ 29,281
Electricity				
Phone	\$ 100.00	\$ 1,200	\$ 1,236	\$ 1,273
Cable	\$ 40.00	\$ 480	\$ 494	\$ 509
Heat				
Food	\$ 300.00	\$ 3,600	\$ 3,708	\$ 3,819
Cleaning/Trash Removal/Laundry	\$ 50.00	\$ 600	\$ 618	\$ 637
Supplies (Cleaning, bedding & Bath, etc)	\$ 100.00	\$ 1,200	\$ 1,236	\$ 1,273
<b>OTHER</b>				
Staff Training		\$ 1,000	\$ 1,030	\$ 1,061
Office Supplies		\$ 2,000	\$ 2,060	\$ 2,122
Advertising/Recruitment		\$ 1,000	\$ 1,030	\$ 1,061
Mileage/Transportation		\$ 2,000	\$ 2,060	\$ 2,122
<b>Total Operating Expenses</b>		\$ 40,680	\$ 41,900	\$ 43,157
<b>Total Direct Expenses</b>		\$ 272,570	\$ 281,526	\$ 290,774
Administration Allocation 10%		\$ 27,257	\$ 28,153	\$ 29,077
<b>Total Expenses</b>		\$ 299,827	\$ 309,679	\$ 319,852

## Project Financial Narrative

### **Revenue:**

Revenue is based on a capacity grant funding model and assumes a capacity of 2 crisis beds operating and full for the entire year. For years 2 and 3, an inflationary factor of 4.5% was projected

### **Expenses:**

**Salaries:** Recovery Specialists positions are 38 hours a week. They include 3 12 hour shifts, plus a weekly hourly team meeting, and 1 hour a week of individual supervision.

Position	FTE	Wage	Total
Director	1.0	\$40,000	\$40,000.00
Recovery Specialists	4.45	\$25,000	\$111,250.00
	<b>5.45</b>		<b>\$151,250.00</b>

For years 2 and 3 and inflationary factor of 3.0% was projected.

### **Clinical Contractual:**

The program model calls for an average of 5 hours per week of Psychiatrist time or 260 hours per year. The program model call for 7 hours a week of per services or 364 hours per year

Position	FTE	Wage/Hour	Total
Peer Services	.18	\$10.00	\$3,640.00
Psychiatrist	0.13	\$110.00	\$28,600.00
			<b>\$32,240.00</b>

For years 2 and 3 and inflationary factor of 3.0% was projected.

### **Fringe:**

Fringe includes both discretionary and non-discretionary benefits and is estimated at 32% of wages in year 1 and 32.5% of wages in year 2 and 33% of wages in year 3 for employees only. Contractual positions are paid by the hour and are not eligible for fringe benefits.

**General Operating:**

Food	3,600
Meetings & Workshops	1,000
Office Supplies	2,000
Advertising/Recruitment	1,000
Training	1,000
<b>GENERAL OPERATIONS</b>	<b>8,600</b>

For years 2 and 3 and inflationary factor of 3.0% was projected.

**Travel/Transport:**

Staff Mileage	1,000
Client Transportation	1,000
<b>TRAVEL &amp; TRANSPORTATION</b>	<b>2,000</b>

For years 2 and 3 and inflationary factor of 3.0% was projected.

**Building:**

Rent	27,600
Electricity	Included
Heat	Included
Phone	1,200
Cable	480
Building Repairs	Included
Cleaning/Trash Removal/Laundry	600
Supplies (Cleaning, bedding & Bath, etc)	1,200
Building Insurance	Included
<b>BUILDING</b>	<b>31,080</b>

For years 2 and 3 and inflationary factor of 3.0% was projected.

**Administration:**

Administration covers HR, business, and oversight functions and is projected at 10% of direct expenses.